Telling Your Story: Public Reporting for the ASCQR Program

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Tamara Heron:	Hello, and welcome to the Ambulatory Surgical Center Quality Reporting Program webinar. Thank you for joining us today. My name is Tamara Heron, and I am a project coordinator for the ASCQR Program.
	If you have not yet downloaded today's handouts, you can get them from our website at www.qualityreportingcenter.com. Go to the **Events** banner on the right side of the page and click on today's event. There will be a link that will allow you to access and print the handouts for today's webinar.
	As you can see, we are live streaming in lieu of using only phone lines. However, phone lines are available should you need them.
	Before we begin today's program, I would like to highlight some important announcements.
	The deadline to suppress your facility's data for public display is November 16, 2015. Please be sure to keep your QualityNet Security Administrator status and your NHSN status active by logging into your

accounts on a routine basis. If you don't log into QualityNet at all, then after 365 days your account will be deactivated, and you will have to resubmit your Security Administrator paperwork.

For problems with your NHSN account, please contact them directly at the email address seen on this slide.

On December 2, the Calendar Year 2016 Final Rule webinar will be presented by CMS' Dr. Anita Bhatia, the Program Lead for the ASCQR Program. On December 16, Elizabeth Bainger from CMS will be presenting a webinar on the process for measure development and how facilities and the public can impact the implementation of new measures.

On January 27, we will present a webinar on the Specifications Manual. This will be a comprehensive review of the what, the where, and the why of the manual, including updates from the 2016 ASC/ OPPS Final Rule.

Additional webinars and educational opportunities will be forthcoming. Notifications will be sent via ListServe by the Support Contractor. Please make sure you are signed up for the ListServe, which can be done on QualityNet's website.

The learning objectives for this program are listed here on this slide. This program is being recorded. A transcript of today's presentation, including the questions and answers received in the chat box and the audio portion of today's program, will be posted at www.qualityreportingcenter.com at a later date.

During the presentation, as stated earlier, if you have a question, please put that question in the chat box located on the left side of the screen. One of our subject matter experts will respond. By having live chat, we hope to accommodate your questions timely and have real time feedback. Some of the questions will be shared at the end of the presentation.

Now let me introduce our speaker. I am pleased to introduce today's speaker, Karen VanBourgondien. Karen has diverse clinical nursing experience as well as experience in quality and education. She joined the Support Contractor in 2012 as the education coordinator.

Karen, I'll turn it over to you.

Karen VanBourgondien: Thank you, Tamara. Hello everyone, and thank you for joining us today. The presentation today is an overview on public reporting – what it is, where to find the data, and how to interpret it.

Let's discuss the background of the ASCQR Program and how it relates to public reporting.

In the Calendar Year 2012 OPPS/ASC Final Rule, CMS finalized a policy to make the data that an ASC submits publicly displayed for viewing on a CMS website. CMS believes it's important for the public to be able to make informed decisions regarding their healthcare, and providing facility-specific data is a way to do it. This gives the public a platform to view and compare ASCs in the same manner they can view and compare hospitals.

Before we get into the presentation and specifics, let me stop here. We are now going to ask a question just to get some baseline information. So right now, I'm going to turn things over to our host for a polling question.

Matt McDonough: Thank you very much, Karen. So without further ado, let me advance to our polling question. And the question is this: "As a Security Administrator, SA, have you assigned basic user roles?" This is a yes or no question.

It looks like about a 60-40 breakdown here where 40 percent of you – or just over 40 percent of you – are SAs who have assigned basic user roles.

And the other just under 60 percent either have not assigned those roles, or perhaps you're not an SA, and this question doesn't apply to you.

But it looks like about 60-40. And again, thank you for providing this feedback to us. It does give us an idea of where our audience sits related to certain questions. Thank you.

Karen VanBourgondien: Thank you to everyone for your response. We really appreciate your involvement.

Let's talk about the program itself and how it relates to public reporting.

Even though a QualityNet Security Administrator, or SA, is not a requirement of the program, an SA is required to submit data for web-based measures, access secure reports, and facilitate the registration process for other users at the organization for the QualityNet Secure Portal, such as basic user rights.

Basic user rights allow that individual the ability to view and submit data for the organization via the QualityNet Secure Portal. ASCs are encouraged to have more than one SA. ASCs should maintain an active status of at least one SA continuously. As stated earlier, to remain active an SA must sign into QualityNet at least every 60 days. An automated email will be sent by QualityNet as a reminder to log in. Do not ignore these emails.

A Security Administrator or basic user requesting access to the QualityNet Secure Portal must be individually approved and verified. This mandatory registration process is required to maintain the confidentiality and security of healthcare information and data transmitted via the portal.

Now I want to touch base on the claims-based measures.

Since the program was initiated, facilities have been required to submit quality data codes, or QDCs, on at least 50 percent of their Medicare Fee-for-Service claims ASC-1 through ASC-5. These program requirements will only apply to facilities that have a minimum of 240 Medicare claims per year and will apply to facilities that have been open for at least four months prior to January 1st of the reporting year.

ASC-12 is a new measure that initiated with a dry run in 2015. This Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy measure will be publicly reported beginning on or after December 1, 2017. And it will be used for payment determination beginning in payment year 2018.

Your facility will not have to do any abstraction or data entry, because this measure is claims-based. The information is drawn directly from the Medicare billing claims.

Next up: web-based measures.

There are six measures that are submitted through a web-based tool which does include ASC-11 (this measure is voluntary, and reporting will begin the next submission period). ASC-6 is Safe Surgery Checklist. ASC-7 is ASC Facility Volume Data on Selected Surgical Procedures. ASC-8 is Influenza Vaccination Coverage among Healthcare Personnel. This is the only measure that is not reported through the QualityNet Secure Portal. It is reported separately to the NHSN.

ASC-9 is Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients. ASC-10 is Endoscopy/ Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use. ASC-11 is Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery.

Now although this is a voluntary measure, if data is reported on this measure, it will be publicly reported.

We alluded to this minimum threshold earlier, but let's discuss this a little further. If an ASC has greater than 240 claims, then they will be required to submit QDCs on a minimum of 50 percent of their claims and submit the web-based measures the following year.

Let's clarify this threshold issue a little more. For example, if an ASC has more than 240 Medicare claims in 2015, then the facility must report 2015 encounter dates in 2016 which will affect payment determination in 2017.

Now I know this can be very confusing, so just look at it like this. You report data for the year 2015, so that would be encounter dates in 2015. You enter that information into the web-based tool in 2016 to get paid in 2017.

We discussed the program requirements for the ASC Program. Now switching gears a bit, let's talk about the preview report.

On this slide, I have a quick reference guide. This quick reference guide can be found on the QualityNet website.

Even though the dates on the guide shown here are for the preview period from July 9 to August 9, 2015, the steps on how to access and download will stay the same for the next preview report access period, which will be sometime in January 2016.

This reference guide details how to access and download your preview report, reviews data highlights, footnotes, and Notice of Participation information.

So let's look at an example of what the report looks like.

This is an example of the preview report. At the top of this report, you will see the organization name, the CCN, and the NPI. The first table on the top of this slide contains the claims-based measures for calendar years 2013 and 2014.

This is ASC-1 through ASC-5. The report lists the claims with QDCs, their rate, the national rate, and the state rate. There is also a footnote legend underneath the first table that describes the footnote.

The second table contains the web-based measures for calendar year 2012, which were reported in 2013 – ASC-6, the Safe Surgery Checklist, and ASC-7, the Volume Data on Selected Surgical Procedures.

Also notice the way that data is displayed. The data for ASC-1 through ASC-4 will be displayed at the rate per 1,000 cases.

In this example here on this slide, you can see both the QDCs and web-based measures. However, the only data that is being publicly displayed now is ASC-6 and ASC-7, so ASC-6 is displayed as a yes or a no. And ASC-7 is displayed as the volume of each selected procedure.

Now let's fast forward a little bit to April 2016, which is the next data refresh. ASC-1 through -5 and web-based measures will be publicly reported. There will be a preview period in January of 2016, and then the data will be made public in April 2016.

Please note that the preview report is for informational purposes only, and no corrections can be made.

So once again, I'm going to turn things over to our host for a polling question.

Matt McDonough: Thank you very much, Karen. And we've come into our second – and I believe this is our final polling question of this event. And again, this one's going to be more of a status-type question, a yes or no type question.

And the question is this: "Has your facility discussed public data display?" Is it "Yes, you have," or "No, you haven't"? It looks like we have 252 responses. And this one's split pretty evenly. The yes – those who have discussed public data display – looks like about 46, almost 47 percent of you have facilities that have discussed the public display of data. On the flip side, just over 53 percent of you have not discussed it or have not yet discussed that public data display.

So thank you very much, and Karen. I'm going to hand it back to you.

Karen VanBourgondien: Thanks again, everyone, for your response.

So now let's turn our attention back to where we left off – data suppression. The deadline for submitting a request for data suppression is November 16, 2015. ASCs have been given the option to suppress data from public display on Hospital Compare.

QDCs may be suppressed for calendar year 2013, 2014, or both. This option only applies to the QDC measures of ASC-1 through -5. It does not apply to web-based measures. If you have decided to suppress your data, footnote 5 will display. I will explain more about footnotes in a bit.

For those ASCs that choose not to suppress their data, the data will be publicly reported on Hospital Compare in April 2016. Suppression requests can be emailed to the address on this slide. The request needs to include the ASC name, the CCN, the NPI, and which year's data to suppress – 2013, 2014, or both.

In summary, October 8 was the date that ASCs were first able to view their publicly reported data on Hospital Compare. This only showed ASC-6 and ASC-7 data from 2012.

In April 2016, the next refresh will include claims-based measures which are ASC-1 through -5 for calendar year 2013 and 2014, and web-based measures for 2014. This will include ASC-8. If your facility has decided to exercise the option to suppress its data, then ASC-1 through -5 will not be displayed.

Let's discuss how to access these reports. Facilities had the opportunity to access the preview reports when they were posted on the QualityNet Secure Portal during this 30-day preview period, which was July 9 through August 9 of 2015.

You can now view your data on Hospital Compare. You can also compare your results to other ASCs. I have posted a link here to the website on this slide. Once you click on the link or type in the address, you will come to the Medicare.gov landing page, which is on the next slide. When you access the link from the previous slide, this is the page that appears.

Once you land on this page, look under the **Spotlight** column to the far left. At the bottom of the page, you will see a link that says, "**Get Ambulatory Surgical Center quality program data**." I have indicated that here with the red arrow on this slide.

So now suppose you've just clicked on that link. Here is the page that displays showing the tables. If you scroll down on the vertical bar on the right of this screen, you will see three tables on this page: the facility results, state results, and national results. I have only captured the top of the first table for discussion purposes.

So let's look at this first table, the one that contains the facility results.

The first column lists the facility's ASC name, the provider ID (which is the CCN), the national provider identifier (which is the NPI), city, state, and ZIP code. This is all you can view on this slide as well as if you were to access this page on your own computer.

If you were to take your cursor and click on the horizontal scroll bar at the bottom of the table, you would be able to view additional columns which would include ASC-6 and ASC-7. The encounter start and end dates are listed as well.

ASC-6 and ASC-7 are data from 2012 submitted in 2013. If you cannot find a facility's data, then this facility did not report these measures.

Here is another screenshot of the first data table. I wanted to highlight some options that are available to you to view the data in different ways.

There is a green menu button at the top right. If you click on that menu button, it will allow you to view the information in the table in different ways.

The drop-down menu describes your options. There are many options available. You can download, print, et cetera.

Remember we talked about using the scrolling bar at the bottom to view ASC-6 and -7? Well, if you scrolled over using that horizontal bar, this would be part of that view.

Within the ASC-6 and -7 data columns, there are values that display as numbers 1 through 15. You can see this with the top red arrow. It is difficult to see on this slide, but at the very top it would say, "ASC-7 Footnote." So these numbers 1 through 5 would correlate with footnote numbers. You can view the details of what these footnotes mean through

the link at the bottom left of the page where it says "**View more footnote details**." This is indicated by the red arrow at the bottom of the slide.

So let's suppose you just clicked on that purple "**View more footnote details**" link. Here is the view of the footnote screen. As I stated earlier, there are 15 footnotes. But I only captured footnotes 1 through 4 on this page. As demonstrated here, you will have the footnote number on the left, the description as it is displayed on Hospital Compare in the middle, and then details of that footnote on the right.

This slide displays numbers 5 through 9. Footnote 5 is what I want to point out. This footnote is what the public will see when an ASC chooses the option to suppress their data. As we stated before, on Hospital Compare it will have footnote 5 and will say "Results are not available for this reporting period."

If we were to return to our previous destination and you were to scroll down the page and look at the ambulatory surgical measures data by state, this is the view you would see on this slide. You can click on the menu button to give you the options of different views, and you will have the footnotes that I mentioned earlier.

And lastly, if you scroll down to the bottom of the page, you will be able to view the national table results. You can click on the menu to give you more viewing options. This is a brief overview of finding your way around the site to view your facility's data.

In order to receive the annual payment update, or APU, of 2 percent each year, ASCs must meet all the data reporting requirements. We have discussed this throughout the presentation.

Once it has been determined by CMS that an ASC has not met the program requirements for their APU, the facility will be notified in

writing. Once written notification has been received, CMS posts a list of all ASCs meeting and not meeting program requirements on the QualityNet website.

If a failed facility feels that they have met the program requirements, they may file a request for reconsideration. The APU reconsideration request must be received by the Support Contractor by March 17 of the effective payment year. An email will be sent by the support contractor, acknowledging receipt of the request.

In the 2016 Proposed Rule, it is being proposed that the submission date for reconsideration forms must be received no later than the first business day on or after March 17 of the affected payment year. The Final Rule will provide the final decision on that date. The request must identify the ASC's specific reasons for believing it did meet the program requirements and why they should receive their full APU. The facility should include any supporting documentation. CMS will officially respond to the reconsideration request submitted by each ASC.

CMS will complete the reconsideration review and communicate the results within 90 days following the deadline for submitting requests for reconsideration. The reconsideration decisions by CMS are final.   The reconsideration process and forms are available on the QualityNet website.

If you are participating in the program and wish to withdraw, then the ASC must formally withdraw from the program. You can do so by going to the QualityNet website and completing the "Withdrawal of Participation" form. Upon withdrawing from the ASC Program, the ASC will incur a 2 percent reduction in its APU for that payment year determination and any subsequent years it remains withdrawn. Once the form is completed, it can be mailed or faxed to the address seen here on this slide. In the future if a facility decides again to participate in the ASC

Program, all that is required is the facility to submit a G-code or QDC on a Medicare claim form.

I want to quickly go over some important details that I mentioned earlier in the presentation.

Now the flu season is open, and ASCs can now enter their data. The dates of the flu season are October 1, 2015, through March 31, 2016. The submission deadline is May 15, 2016. This data can be entered through the NHSN website. On October 8, the data was made available for public viewing.

November 16, 2015, is the deadline to submit your request for data suppression. January 2016 is when the next preview report access will be available. This data will be displayed in April 2016.

We hope this overview has helped you in your understanding of public reporting for ASCs.

Tamara, back to you.

Tamara Heron: Thank you, Karen, for the information you shared with us today. We would like to share some of the questions that have come in the chat box during the presentation.

Here's a question. "When is the deadline to submit the request to have your facility's data suppressed from being publicly reported?"

Good question. The deadline to submit your request is November 16, 2015, for the calendar year 2013, 2014, or both for the April 2016 release. The data request will be for the claims-based measures ASC-1 through -5, not the web-based measures.

Question number 2: "Is having a Security Administrator a requirement of the program?"

Karen?

Karen VanBourgondien: Having an SA is not a requirement of the program. However, an SA is needed in order to submit data through web-based tools on QualityNet. And an SA can also run reports and assign rights for the basic user.

Here's one, Tamara. "The quick reference guide that you referred to on slide 18 – the dates have already passed for that preview report – or preview period, it says. Will there be an updated version available for the next preview period?"

Tamara Heron: Yes. There will be an updated version available sometime in late December or early January for the April release. It will include a how-to column as well as data highlights, Notice of Participation and the preview report access.

Question number 4: "After I view my facility's preview report, will I be able to correct my data?"

I'll go ahead and answer that one. No. The preview report is for informational purposes only. Changes or corrections cannot be made. This data is obtained from the information your facility reported. This is an opportunity for the facilities to preview their data before it is made public.

I have another question here. "Can you please go over the differences on what data that was made public on October 8 versus what will be made public in April of next year?"

Karen VanBourgondien: That's a good question. On October 8, the only data that was made public was ASC-6, which is the Safe Surgery Checklist, and ASC-7, which is the Volume Data on Selected Surgical Procedures. That was information from 2012 that was reported in 2013. In the April 2016 release, the publicly reported data will be the claims-based measures, which is ASC-1 through -5. And that will be for calendar year 2013 and 2014, unless you choose to suppress it, and the web-based measures -6, -7,-8, -9 and -10, and that will be 2014 data that was submitted in 2015.

Tamara, here's another question. "If my facility chooses to suppress data for both calendar year 2013 and 2014, what will display on Hospital Compare for my facility?" It seems like some of these questions are similar, so it may need some clarification. Do you want to take that?

Tamara Heron: Sure. On Hospital Compare, there will be footnotes. If your facility has chosen to suppress their data, then footnote 5 will appear in the column. Footnote 5 on the Hospital Compare website will say "Results not available for this reporting period." This footnote is applied when no data is available for display for the measure. This is outlined on that quick reference guide we discussed earlier.

Question – we have another question here. "We are not a hospital. Why is our data being publicly reported on Hospital Compare?"

That is a great question. In the beginning of the presentation, Karen spoke about the ASC industry being eager to have their quality data publicly reported, and the ASC community also wanted consumers to have a way to compare data with other ASCs. Hospital Compare allows the consumer the ability to view and compare ASC data with other ASCs in a similar way they are able to compare hospitals.

Okay, looks like we have another question here. "If we decide to exercise the option to suppress our data for the reporting year 2013 or 2014 or both, will a financial penalty be assessed?"

The answer to that would be no. There will be no financial penalties assessed to an ASC that decides to suppress their data.

Looks like we have another interesting question here. "On slide 20 there was a quick reference guide, and there was a section called, 'Notice of Participation Information.' Can you explain the Notice of Participation in a little more detail, please? Is this a form that needs to be signed?"

Karen, can you answer this one?

Karen VanBourgondien: I'll be happy to take that, Tamara. First off, there is no physical form that needs to be signed for ASCs with regard to a Notice of Participation. When we say, "Notice of Participation," what we are referring to is that when an ASC submits a quality data code, it is considered that it is participating in the ASCQR Program. So once you submit those codes, you are participating in the program. In order to discontinue participation in the program, then a Withdrawal of Participation form must be completed. And that form is a physical form, and it's found on QualityNet. You fill that out, and you can either fax it or mail it to the ASCQR Support Contractor. And again, that form can be found on the QualityNet website.

Tamara, here's a question. "You mentioned in the beginning of the presentation that we needed to log into our NHSN account on a routine basis to keep our account status active. Will we receive an email reminder from NHSN like we do from QualityNet?"

Would you like to answer that, or...

Tamara Heron: Sure. To answer that question, NHSN is in the process of weighing a few different options on how to contact users on how to remind them to keep their status active after 60 days of no activity. Unfortunately, no final decision has been made on this as of yet. So in the meantime, we encourage all users to log into your NHSN account at least once every 60 days to remain active because what will happen after a year of inactivity is that the account will be closed and you will need to reapply for an account. And you know that took a long time. You would have to get a new grid card. You would have to go through the whole process again, and it does take a while.

So we encourage you to at least log in every 60 days. And my suggestion would be when you get those notices from QualityNet, just go ahead and log into your NHSN account at the same time. That way, you can kill two birds with one stone. You're good for another 60 days.

Next question. "Will the submission deadline for web-based measures be September 30, 2016?"

Karen, can you answer this one?

Karen VanBourgondien: Yes. Yes, that's a great question. The deadline for September 30 was an extension of the original due date of August 15. The submission period for the web-based measures on QualityNet, which would be -6, -7, -9, and -10 was from January 1 to August 15. That's how it was. Then we had an extension for all of the web-based measures that extended all of that from September 30.

Now, you will also recall the original submission date for the NHSN, which is ASC-8, was originally May 15, and that actually had two extensions. But the last one also extended that to September 30. So originally, you had the ASC-8 due May 15, and the ASC-6, -7, -9 and -10

were originally with a submission deadline of August 15th, so then you had the extension. Now let me just throw a wrinkle in it there.

We had the 2016 Proposed Rule that now has proposed to, kind of, condense all of these submission deadlines, and it is being proposed that all web-based measures be due on May 15th. So when the Final Rule comes out, which should be shortly, we will get CMS' final determination and final decision on where that submission deadline is going to be. So stay tuned for that.

We will be having a webinar. It's tentatively scheduled for December 2. [Editor's note: The Final Rule webinar will be held on December 9.] And that will discuss all of this and all of the decisions that were finalized from the Proposed Rule. So I hope that – I hope that answers your question sufficiently enough.

Here's another question here, Tamara. "What are some ways to make sure that my ASC is on track with submitting the required amount of quality data codes – excuse me – on our claims?"

Tamara Heron: Do you want me to answer that one?

Karen VanBourgondien: Sure.

Tamara Heron: Okay. Okay, this is a great question.

One way is to run a Claims Detail Report. This report is available on QualityNet's Secure Portal and is updated on a monthly basis. This report will allow the facilities to view and check on the volume of quality data codes – we spoke about those before – that have been submitted by your facility.

Another report that can be run is called the Provider Participation Report, and we did speak about this report as well. And this report will give you a

summary of the data submissions that are required for that payment year and your facility's performance. So these two reports are very useful to see where you are and to see the status of your submissions. And if you have any questions or concerns about these reports or you don't understand anything, don't hesitate to give us a call, and one of the project coordinators will assist you.

Karen
VanBourgondien: I would like to just add one thing – that we do get a lot of questions about the Claims Detail Report. So we have constructed a tutorial video, and that is on our website at qualityreportingcenter.com. And if you just hover your cursor over the ASC tab and move over to the right, there will be like a drop-down menu that occurs. And you'll go down to "**Videos, Resources and Tools**." And if you just click on that, that is a short tutorial, and it'll tell – it'll walk you through the Claims Detail Report. It'll show you the different parts of it, how – what to look for, what's it about. It's a really great tool. We – again, we do get a lot of questions about it, so we encourage you to go ahead and look at that video as well.

Also, we would like to mention there are a lot of different tools on our website. If you're not familiar, please take the time to go to our website. Again, it's qualityreportingcenter.com. And just look around. There are abstraction tools; there's a whole tutorial on quality data codes; there are images of billing statements and how to apply your quality data codes appropriately. There are a lot of resources there. And, as Tamara said, if at any point you have any questions, you can put your question into the Q&A tool on QualityNet, or you can give us a call on our toll-free number, which is 866.800.8756.

Tamara, here's a good question. We get this a lot. This will probably be the last question we have time for, but it's a good question. We get asked this a lot. So we're going to go ahead and comment on this. The question

is, "I would like to receive updates, alerts, and notifications about the program. How can I go about doing that?" And I'll go ahead and answer that.

The ListServe is the platform of communication that we use to communicate things about the program. And I know it was mentioned earlier in the presentation, but to receive timely information related to the program, we encourage users to register for that ListServe, and this can be done on the home page of QualityNet. If you were on the home page of QualityNet and you looked at the far left, it is the third blue box down. And it says, "Join ListServe and Notifications."

If you just click on that box, it will direct you right to the sign-up link. It literally takes less than five minutes. You can choose whatever program you want to be notified about. And all that information will go directly to the email box that you've signed up with.

So Tamara, I think that's all the time we have for questions. I'm going to hand it back to you to go over the continuing education process.

Tamara Heron: Okay, great. Thank you, Karen, for the presentation today. And I would like to go over some continuing education information.

Today's webinar has been approved for one continuing education credit by the boards listed on this slide. We are now a nationally accredited nursing provider and, as such, all nurses can report their own credits to the boards using our national provider number, 16578.

We now have an online CE certificate process. You can receive the CE certificate two ways. Number one, if you're registered for this webinar through ReadyTalk, a survey will automatically pop up when the webinar closes. This survey will allow you to get your certificate. The second way is we will also be sending out the survey link in an email to all participants

within the next 48 hours. If there are others listening to this event that are not registered in ReadyTalk, please pass the survey to them.

If you do not immediately receive a response to the email account you use in the Learning Management Center and a firewall is blocking the link contained in the email response, please go back to the **New User** link and register your personal email account. Personal emails are not blocked by firewalls.

This is what the survey will look like. It will pop up at the end of the event and will be sent to all attendees within 48 hours. Click **Done** at the bottom of the page when you are finished.

This is what pops up after you click **Done** on the survey. If you have already attended our webinars and received CEs, click **Existing User**. If this is your first webinar for credit, click **New User**.

This is what the **New User** screen looks like. Please register a personal email like Yahoo or Gmail, since those accounts are typically not blocked by hospital firewalls. Please remember your password, since you will use it for all of our events.

This is what the **Existing User** screen looks like. Use your complete email address as your user ID and the password you registered. Please register a personal email like Yahoo or Gmail, since these accounts are typically not blocked by hospital firewalls. Remember your password. You will then be directed to a link that will allow you to print your CE certificate.

This concludes our program today. We hope you have heard useful information that will help you in your Ambulatory Surgical Center quality reporting program. Thank you again, and enjoy your day.